

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-013

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
August 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 (\$1,496,000) *P+I*
b. FFY 2005 (\$3,438,000) *P+I*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A
Page 26a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A
Page 26a
Remove Supplement 13 to Attachment 2.6-A (this page is
included in this packet merely as a reference).

10. SUBJECT OF AMENDMENT:

Maximum Resource Allowances for Community Spouses

Supplement 13 to Attachment 2.6-A is being removed because it was replaced by page 26a on TN#98-03, but it was not specified as
removed.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Exempt
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dennis Braddock

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

6-30-03

16. RETURN TO:

Department of Social and Health Services
Attn: Ann Myers
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

SEP 26 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

131

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

*Den + Inc changes authorized by state
on 8/13/03*

Division of Medicaid &

Children's Health

Washington (03-013)
Approved: 09/26/03
Effective: 04/01/03

RECEIVED
JUL 01 2003

Revision: HCFA-PM-97-3
December 1997

ATTACHMENT 2.6-A
Page 26a
OMB No.:0938-0673

State: WASHINGTON

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>_____ the maximum standard permitted by law;</p> <p>_____ the minimum standard permitted by law;</p> <p>or</p> <p><u>\$40,000</u> a standard that is an amount between the minimum and the maximum</p>

TN# 03-013
Supercedes
TN# 98-03

Approval Date: _____

Effective Date: 08-01-03

Revision: HCFA PM-87-9
AUGUST 1987

(BERC)

Attachment 2.6-A
Supplement 13
OMB No.: 0938-0193

Citation	Condition or Requirement
----------	--------------------------

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility the State resource standard is the maximum resource allowance permissible under section 1924 of the Social Security Act.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below.
 - Undue hardship means the client's inability to meet shelter, food, clothing, and health care needs.

TN No. 89-18
Supersedes
TN No. -----

Approval Date: 1-31-1990

Effective Date: October 1, 1989

HCFA ID: 1038P/0015P